

**APPLICATION FOR WITHHOLDING
OF RESIDENT ADDRESS**

E-224 REV. 3-2006

**STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES**

MAIL OPERATIONS DIVISION

On The Web At <http://ct.gov/dmv>**INSTRUCTIONS:**

1. Submit completed application to address below, with photocopy of credential demonstrating official status (*example, copy of employee ID*).
2. You may only withhold an address on your license and on any vehicle/vessel that you are registered owner of. Business address is placed on DMV record.
3. Canary copy showing approval/disapproval will be mailed to your business address. All future DMV mailings will be sent to your business address.
4. Submit another application if there is any change in the information (*example, new registration*) or if you no longer qualify (*change of official status*).

MAIL TO: Mail Operations Division, Department of Motor Vehicles, 60 State Street, Wethersfield, CT 06161-5001

APPLICATION INFORMATION		<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> NO LONGER QUALIFY		IF APPLICATION CHANGE, SPECIFY THE NATURE OF THE CHANGE	
APPLICANT INFORMATION		NAME OF BUSINESS ORGANIZATION OR DEPARTMENT			
		NAME OF APPLICANT		BUSINESS TELEPHONE NO.	APPLICANT'S DATE OF BIRTH
		BUSINESS ADDRESS (Number and Street)		APPLICANT'S OFFICIAL TITLE	
		(City or Town) (State) (Zip Code)		NAME OF APPLICANT'S SUPERVISOR	
		I certify, under the Connecticut General Statutes and that the applicant requires the added protection of such withholding as a direct result of the applicant's job duties.			
SIGNATURE OF APPLICANT'S SUPERVISOR X		TITLE OF SUPERVISOR		SUPERVISOR'S PHONE NO.	
OFFICIAL STATUS OF APPLICANT (You must check one below to qualify)					
<input type="checkbox"/> Attorney (Representing the state in criminal prosecution)		<input type="checkbox"/> Member of State Police, Department of Public Safety			
<input type="checkbox"/> Department of Corrections Employee		<input type="checkbox"/> Judge of the Superior, Appellate or Supreme Court			
<input type="checkbox"/> Federal Court Judge		<input type="checkbox"/> Member or Employee of Board of Pardons and Parole			
<input type="checkbox"/> Federal Court Magistrate		<input type="checkbox"/> Member of Police Department Municipality of _____			
RESIDENT ADDRESS (Confidential)		Number and Street	City or Town	State	Zip Code
REGISTRATION(S) IN NAME OF APPLICANT	REGISTRATION PLATE NUMBER	REGISTRATION CLASS	REGISTRATION PLATE NUMBER	REGISTRATION CLASS	
	REGISTRATION PLATE NUMBER	REGISTRATION CLASS	VESSEL REGISTRATION NUMBER		
I address as given above be withheld from public inspection on all DMV records pertaining to my Connecticut operator's license and/or registration(s) specified. I will submit another application, if the information specified above changes, or if I no longer qualify for withholding of my resident address due to change in official status. The information provided to the Commissioner of Motor Vehicles herein, is subscribed if I make a statement which I do not believe to be true, with the intent to mislead the Commissioner, I will be subject to prosecution under the above-cited laws.					
APPLICANT'S SIGNATURE X		CT OPERATOR LICENSE NO.	EMPLOYEE OR BADGE NO.	DATE SIGNED	
DMV USE ONLY	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	REVIEWED BY:	DATE OP KEYED/KEYIST'S INITIALS	DATE REG KEYED/KEYIST'S INITIALS	

DISTRIBUTION: White - DMV File Copy Canary - Applicant Acknowledgement Pink - Enforcement Bureau